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CONFIRMATION NO. 5557

<b>SERIAL NUMBER</b> 10/812,777	<b>FILING OR 371(c) DATE</b> 03/30/2004 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1634	<b>ATTORNEY DOCKET NO.</b> 4231/20551
<b>APPLICANTS</b> Choong-Chin Liew, Toronto, CANADA;				
<b>** CONTINUING DATA *****</b> This application is a CIP of 10/802,875 03/12/2004 which is a CIP of 10/601,518 06/20/2003 which is a CIP of 10/268,730 10/09/2002 which is a CON of 09/477,148 01/04/2000 ABN which claims benefit of 60/115,125 01/06/1999				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 05/07/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <input checked="" type="checkbox"/> Allowance <input checked="" type="checkbox"/> Examiner's Signature <input checked="" type="checkbox"/> Initials		<b>STATE OR COUNTRY</b> CANADA	<b>SHEETS DRAWING</b> 34	<b>TOTAL CLAIMS</b> 48
<b>INDEPENDENT CLAIMS</b> 5				
<b>ADDRESS</b> 29933				
<b>TITLE</b> Method for the Detection of Osteoarthritis Related Gene Transcripts in Blood				
<b>FILING FEE RECEIVED</b> 1041	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	